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10/07/2004

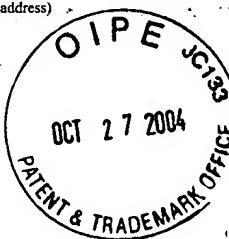
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10/28/2004 NBERHE1 00000127 10783208

01 FC:2501 685.00 DP
02 FC:1504 300.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/783,208	02/20/2004	W. Scott Clewell	03160	6699

TITLE OF INVENTION: PLOT PLANTER



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Thomas R. Shaffer	(Depositor's name)
<i>Thomas R. Shaffer</i>	(Signature)
October 22, 2004	(Date)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	01/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOVOSAD, CHRISTOPHER J	3671	111-177000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Thomas R. Shaffer, Esq.

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*Clewell Precision Machine,
Inc.*

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*3230 State Route 642
Milton PA 17847-9726*

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.
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Authorized Signature

Thomas R. Shaffer

Date *October 22, 2004*

Typed or printed name

Thomas R. Shaffer

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